

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 UBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:33

DOCUMENT # 673840

1. Corporation Name

Mel Jackson Backhoe Service, Inc.

2. Principal Office Address

5725 Yhl Street
Suite, Apt. #, etc.

3. Mailing Office Address

200 Turtle Lake Ct.
Suite, Apt. #, etc.
#202

City & State

Naples

Zip

FL

Country

US

City & State

Naples, Florida

Zip

34105

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

6/17/80

5. FEI Number

59-2051924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Melvin JACKSON

Street Address (P.O. Box Number is Not Acceptable)

200 Turtle Lake Court

Suite, Apt. #, Etc.

#202

City

NAPLES

100003299351-0

-06/21/00-01083-010

****558.75 ****558.75

State

FL

Zip Code

34105

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Melvin C. Jackson

REGISTERED AGENT MUST SIGN

Date

5-11-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Melvin C JACKSON	200 Turtle Lake Ct. #202	Naples, Fl. 34105

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Melvin C. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-11-2000

Daytime Phone #

(941) 261-7919